Author's response to reviews

Title: Community-onset bloodstream infection with multidrug-resistant organisms: a matched case-control study

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Author's response to reviews: see over
18\textsuperscript{th} February 2014

To,

Dr Vangelis G Alexiou  
BMC Infectious Diseases  
BioMed Central  
236 Gray’s Inn Road  
London WC1X 8HB  
United Kingdom

Dear Dr Alexiou,

Re: Response to reviewer’s comments for MS: 1409457064110899 - Community-onset bloodstream infection with multidrug-resistant organisms: a matched case-control study

Thank you for further suggestions to improve the manuscript. Our point-by-point responses to the comments are attached.

We look forward to hearing from you.

Sincerely,

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Reviewer: Konstantinos Pontikis

Discretionary revisions

1. I think that the commenting about severe sepsis/septic shock not being predictive of mortality should be incorporated in the manuscript.

Author response: This has been added in the Discussion (second paragraph on page 16).

2. Regarding the 'exclusion of repeat cultures from an individual patient growing the same organism within 14 days' I'm feeling that the authors need to report the number of excluded cultures, and whether these were predominantly healthcare-associated. I suppose that this number is small and does not alter the statistics (even if they were not excluded) but, in any case, I think it should be clear to the reader.

Author response: The authors just want to clarify that this exclusion was only for the temporal trend analysis and it had nothing to do with the risk factor analysis. It was done for the trend analysis so that we didn’t count an organism causing the same episode of bacteraemia twice. For example, if you grew S. aureus 4 days ago and then grew it again, we only included the one S. aureus in the trend analysis rather than both. Based on this, only five cases of repeat cultures (out of 1726 cultures) were identified during the study period and excluded in the trend analysis. We just don’t feel this is necessary to include in the results section.

3. The lack of MIC reporting should be acknowledged as a study limitation.

Author response: This has been acknowledged in the paragraph of study limitation (page 17).